HIV-STD PREVENTION AND CARE/HIV-STD PREVENTION ACTIVITIES MONITORING PLAN

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Attachments

HIV-STD PREVENTION AND CARE/HIV-STD PREVENTION ACTIVITIES MONITORING PLAN

The HIV-STD Prevention and Care/HIV-STD Prevention Activities Program is housed in the Communicable Disease Branch of the Epidemiology Section of the Division of Public Health. There are three components of this program as described below.

HIV Prevention & Community Planning Unit and Health Education/Risk Reduction (HE/RR) Project Description

The HIV Prevention & Community Planning Unit functions as a key component of the Communicable Disease Branch. Our purpose is to prevent the spread of HIV/STDs through health education risk reduction and non traditional HIV counseling, testing and referral services. The program promotes risk reduction activities through proven and effective evidence or science based intervention and strategies targeting persons at risk for infection. The program is funded by the Centers for Disease Control and Prevention (CDC) and state appropriations. These efforts are achieved in collaboration with key stakeholders including Persons living with HIV/AIDS, health providers, local health departments and community based organizations.

Non-Traditional Counseling, Testing and Referral Sites (NTS) Project Description

The Non-Traditional Counseling, Testing and Referral Sites Project functions as a key component in the Field Development Unit of the Communicable Disease Branch. The NTS project has created an opportunity to overcome some of the traditional barriers to early diagnosis and treatment of HIV infection by implementing new models for diagnosing HIV infections outside traditional medical settings. Through collaboration between community-based organizations, statewide community planning groups and local health departments, NTS projects have been able to increase access to HIV/STD services and provide HIV tests (rapid and/or traditional) and syphilis tests, and, gonorrhea and Chlamydia testing to local populations with 1) a high prevalence of HIV/STDs, 2) high risk factors for HIV/STDs and 3) limited access to traditional HIV/STD counseling, testing, and referral services.

NTS projects identify areas, frequented by persons at high risk for HIV/STDs or by members of populations with high HIV/STD prevalence, to serve as testing venues. NTS projects help to identify persons who are unaware of their HIV status and actively facilitate getting them into prevention, care and case management services. These projects ensure that HIV-infected persons are successfully linked with HIV medical care and psychosocial services through active follow-up and referrals to additional services that may reduce barriers to accessing care. The program is funded by CDC and state appropriations.

HIV/HCV Harm Reduction Project Description

The HIV/HCV Project is funded for a 3 year period through monies allotted specially for this project by the North Carolina state legislature. This project is housed in the Field Development Unit of the Communicable Disease Branch. There are three community-based organizations in the state that have been awarded contracts to fulfill the objectives of the project-the Piedmont HIV Health Care Coalition, the NC Harm Reduction Coalition, and the Western NC AIDS Project.

The North Carolina Communicable Disease Branch recognized the need to provide education and services to people who are either co-infected with HIV/Hepatitis C (HCV), or are at risk of contracting either or both diseases. Similar modes of transmission between HIV and HCV present an ideal opportunity to integrate information about HCV into HIV prevention and care efforts. The purpose of the HIV/HCV Harm Reduction Project is to provide training and capacity building to health care providers who see patients at risk for HIV and HCV and to provide outreach to persons infected with or at risk of infection with HIV/HCV. The key impetus of the project is to provide HIV/HCV education to targeted high-risk populations and to the healthcare providers who see and treat these same populations across the state. Through education, the project hopes to increase awareness of the growing "epidemic" of HCV in high-risk populations. Education is designed to provide both primary and secondary prevention messages. Targeted locations and settings for education will include the following: drug prevention and treatment programs, HIV Prevention and HIV/AIDS primary care programs, STD clinics, jails/prisons, and private healthcare providers.

Description of Monitoring Activities

The HIV Prevention and Community Planning Unit and the Field Development Unit utilize a team of Program Consultants whose primary role is to monitor the activities of funded agencies based upon requirements of the NC Division of Public Health Subrecipient Monitoring Plan. A minimum of two (2) site visits per year are required and conducted for each agency, and technical assistance is given on an as needed/required basis. The Branch has developed a standard monitoring tool (see Attachment I, Site Visit Report Format) and a financial checklist monitoring tool (see Attachment II, Financial Checklist) that must be used during site visits. In addition, the NTS project uses two additional, program-specific monitoring tools, Part I. NTS Systems Review Tool (Attachment III) and Part II. NTS HIV Counseling, Testing and Referral Counselor Evaluation (Attachment IV). And, the HIV/HCV Harm Reduction Project uses the HIV/HCV Harm Reduction Project Monitoring Tool (Attachment V).

Subrecipient agencies are required to submit four (4) quarterly narrative reports. Each agency must detail progress of their goals and objectives and report on all contractual activities. The NTS projects submit all information on the NTS Quarterly Report Template (Attachment VI) and NTS Quarterly Report Chart Template (Attachment VII). All health education and risk reduction activities are submitted via the NC Evaluation Web system and via the HE/RR Quarterly Narrative Report Template (Attachment VIII). All HIV/HCV activities are reported on the HIV/HCV Quarterly Report Format (Attachment IX).

The reported data is reviewed and evaluated by the assigned project monitor prior to any scheduled site visit. Subrecipients must also submit monthly activity calendars to describe specific activities scheduled by each program. See attached Sample Calendar Format (Attachment X). Branch staff will use subrecipients' calendars to conduct planned and unplanned visits of agency programs in action during scheduled community events. Branch staff also provide Project Timeline Charts to the subrecipients that define the timelines for monitoring activities (see Attachments XI, XII, XIII).

In addition to programmatic and fiscal monitoring site visits, the Branch also provides subrecipients several opportunities for capacity building and technical assistance regarding Program Evaluation throughout the contract period.

In addition to programmatic monitoring, each site visit incorporates a review of Contract Expenditure Report (CER) source documentation for at least two months selected at random. Other site visits may be conducted to provide training and technical assistance as deemed necessary. Project Monitors review the agency's data collection processes as well as their client records and any other pertinent data collection sheets specific to the subrecipient's interventions. Site visit reports are shared with the agency in a timely fashion and copies are maintained in the Branch's internal records. The reports describe all findings of the site visit and identify any programmatic or fiscal discrepancies including action steps for resolution. The monitor assigns the agency a reasonable deadline to complete the action steps and resolve any discrepancies. See attached Site Visit Report format.

An agency notebook is created for all subrecipients. All agency documentation is maintained in the agency's notebook which is securely kept in the unit's files. See attached timeline of required reports, activities and due dates for the NTS Project, HIV/HCV Project and HE/RR Project. All monitoring tools are attached for review.

2009 Site Visit Schedule for HIV Prevention & Community Planning Staff

Site visits will be conducted during the second week of every month. Due to unit vacancies, site visits will be conducted by project monitors on a rotating basis. This will enable our staff to more efficiently plan site visits and ensure adequate office coverage is available as well. Each monitor will schedule an appointment with the agency at least 30 days in advance. Subrecipients must ensure that appropriate program and fiscal staff and applicable documentation are available during each visit.

2009 Site Visit Schedule for Non-Traditional Counseling, Testing and Referral Sites Project and HIV/HCV Harm Reduction Project Staff

Site visits will be conducted during the second and fourth weeks of each month. Each monitor sets his/her own schedule for conducting site visits. Each monitor will schedule an appointment with the agency at least 30 days in advance. Subrecipients must ensure that appropriate program and fiscal staff and applicable documentation are available during each visit. A minimum of two site visits to each subrecipient occurs throughout the contract year.

Attachments
Site Visit Report Format
Financial Checklist
Part I. NTS Systems Review Tool
Part II. NTS HIV Counseling, Testing and Referral Counselor Evaluation
HIV/HCV Harm Reduction Project Monitoring Tool
NTS Quarterly Report Template
NTS Quarterly Report Chart Template
HE/RR Quarterly Narrative Report Template
HIV HCV Quarterly Report Template
Sample Calendar Format
NTS Project Timeline
HIV/HCV Project Timeline
HE/RR Project Timeline

HIV/STD Prevention and Care Branch
Site Visit Report Format

Date of Visit:
Subrecipient Agency:
Program(s) Reviewed:
Agency Staff Present:
Branch Staff Present:

A. Purpose of Visit: To conduct a programmatic assessment of the project at this stage of the funding cycle and, to address any concerns, problems or situations that may require Branch technical assistance.

B. Programmatic Review (this includes review of client records, if applicable)

1. Findings

Topics for discussion:

1. **Partnerships/Collaboration**
2. **Duplication of Efforts**
3. **Monthly Activity Calendars**
4. **Quarterly Reports**
5. **Policy and Procedure Manual**

2. Recommendations

C. Fiscal Review

1. Findings

2. Recommendations

D. Next Steps/Follow-Up

Note: After review and approval from the unit manager, all site visit reports should be sent, with a cover letter highlighting specific recommendations, to the agency's program director/executive director, and copied to John Peebles, the agency's board chairperson and the unit manager.

North Carolina Department of Health and Human Services
Division of Public Health / HIV/STD Prevention and Care Branch

Financial Checklist

Agency / Program: _____ **Date:** _____
Contract # : _____ **Branch Staff:** _____
Location: _____ **Agency Staff:** _____

Item/Procedure to be Checked	Yes	No	N/A	Comments
1. A copy of the contract between the agency and DHHS is available.				
2. The agency's fiscal officer is familiar with the Contract Budget page.				
3. Written accounting procedures are set out in an accounting manual.				
4. A written policy for purchase request, approval, receipt and payment exists.				
5. The policy clearly identifies who may approve purchases.				
6. The policy clearly identifies who may approve payments.				
7. Two signatures are required on checks for payment.				
8. Costs are allocated to specific programs/grants based upon an allocation formula.				
9. Purchases are documented with purchase request, approval, receipt, payment and allocation documents.				
10. Property records are on file for all items with a useful life of more than one year and a purchase price of $500 or more.				
11. Time sheets are maintained for all employees.				

12. Written procedures exist for appropriate allocation of personnel expense.				
13. Backup, source documents are available for expenditure reports.				
14. Categorical expenditures are in accordance with the approved Contract Budget.				
15. Required prior approvals are requested and obtained before making budgetary and programmatic revisions.				
16. Monthly expenditure reports are submitted in the time frame required by the contract.				
17. Costs are consistently applied throughout the agency.				
18. Copies of annual audits and/or financial statements are on file.				
19. Vendors are reviewed by a responsible official to identify potential conflict of interest situations.				

Additional Comments:

ATTACHMENT III

HIV/STD PREVENTION AND CARE

PART I

Systems Review for NTS Projects

This tool is designed for use by programs to assess the accessibility, availability, and acceptability of systems for delivery of STD services. It reflects values and standards promoted in CDC guidelines and North Carolina law and policy for delivery of STD clinical and laboratory services.

ATTACHMENT III

A. CONTRACT REQUIREMENTS	1st visit	2nd visit	3rd visit
1. Staff providing HIV/STD counseling has successfully completed the required Branch sponsored HIV Counseling, Testing and Referral Training.	Y N n/a	Y N n/a	Y N n/a
2. Agency submits required reports quarterly and annual reports, and monthly activity calendar to the Branch in a timely manner.	Y N n/a	Y N n/a	Y N n/a
3. Community-based agencies submit quarterly programmatic reports to the Local Health Department as required by NC House Bill 168, Section 11.56(b).	Y N n/a	Y N n/a	Y N n/a
4. Community-based agencies submit monthly expense report of expenses incurred during the previous month. Budget changes are made according to protocol.	Y N n/a	Y N n/a	Y N n/a
5. Agency attends scheduled meetings and is involved with their respective Regional Cluster (which focuses on HIV Prevention Community Planning issues) and County Task Force for Syphilis Elimination (if located in their region).	Y N n/a	Y N n/a	Y N n/a
6. Agency provides specific deliverables, as outlined in their contract (scope of work) and reviews/evaluates their stated goals and objectives periodically.	Y N n/a	Y N n/a	Y N n/a
7. Agency has qualified staff to conduct on site STD evaluations, including male And female assessments, and to provide treatment, including injections, with standing orders for non-physician providers.**	Y N n/a	Y N n/a	Y N n/a
8. Agency ensures that all public health nurses ***providing the assessment and management contiuum of STD services*** have completed the STD training course, or efforts have been made to enroll them in the next available training course offered by the Branch, and that appropriate standing orders are in place.**	Y N n/a	Y N n/a	Y N n/a
9. Agency has written policies and procedures that outline items 1-8 above, as well as those listed in the Clinic Manuals section.	Y N n/a	Y N n/a	Y N n/a
Comments for Report:			

B. GRANT PROGRESS	1st visit	2nd visit	3rd visit
1. Goals and objectives are specific, measurable, attainable, realistic and time-phased	Y N n/a	Y N n/a	Y N n/a
2. Objectives are on target	Y N n/a	Y N n/a	Y N n/a
3. Objectives are evaluated routinely (describe)	Y N n/a	Y N n/a	Y N n/a
Comments for Report:			

**Applicable to expanded NTS projects

C. EDUCATION / MARKETING	1st visit	2nd visit	3rd visit
1. Information regarding clinic hours and services: [ ] posted [ ] available	Y N n/a	Y N n/a	Y N n/a
2. Agency is listed in community medical resource directory.	Y N n/a	Y N n/a	Y N n/a
3. Project advertises in locations and through media utilized by high-risk populations.	Y N n/a	Y N n/a	Y N n/a
4. Audiovisual/educational materials available.	Y N n/a	Y N n/a	Y N n/a
5. Audiovisual/educational materials are multilingual.	Y N n/a	Y N n/a	Y N n/a
6. Literature contains disease prevention behaviors.	Y N n/a	Y N n/a	Y N n/a
7. Literature contains specific HIV/STD prevention messages.	Y N n/a	Y N n/a	Y N n/a
8. Agency has implemented educational programs in the community on prevention of HIV/STDs.	Y N n/a	Y N n/a	Y N n/a
9. Agency has an active outreach component for HIV/STD services.	Y N n/a	Y N n/a	Y N n/a
10. Agency has plan for marketing HIV/STD services, such as flyers, posters, cable ads.	Y N n/a	Y N n/a	Y N n/a
11. Agency collaborates and performs activities with local health departments, Syphilis Elimination Projects, community-based organizations and relevant gatekeepers (key informants) in the target communities.	Y N n/a	Y N n/a	Y N n/a
12. Agency plans and directs outreach activities based on Disease Intervention Specialist and key informant recommendations.	Y N n/a	Y N n/a	Y N n/a
13. Educational and outreach activities are data driven by morbidity reports and targeted to areas in the community that contain high morbidity.	Y N n/a	Y N n/a	Y N n/a
14. Agency evaluates anecdotal information from the community (i.e., client reports, substance abuse) for trends suggesting the need for proactive targeting of outreach and counseling and testing activities.	Y N n/a	Y N n/a	Y N n/a
15. Members of agency's advisory committee are representative of the target population.	Y N n/a	Y N n/a	Y N n/a
16. Agency has a community review panel that meets on a regular basis.	Y N n/a	Y N n/a	Y N n/a
17. Agency is informed/has a listing of community resources, i.e., substance abuse treatment, mental health, case management.	Y N n/a	Y N n/a	Y N n/a
Comments for Report:			

D. OUTREACH (see CDC STD Clinical Practice Guidelines)	1st visit	2nd visit	3rd visit
1. Outreach activities are located in the target area within communities of high HIV/STD incidence or risk behaviors.	Y N n/a	Y N n/a	Y N n/a
2. Evening and weekend services are available.	Y N n/a	Y N n/a	Y N n/a
3. Location(s): ____ urban ____ rural ____ suburban ____	Y N n/a	Y N n/a	Y N n/a
4. Average number of clients seen per session _____	Y N n/a	Y N n/a	Y N n/a
Comments for Report:			

E. CLINIC ACCESSIBILITY, AVAILABILITY, ACCEPTABILITY (see CDC STD Clinical Practice Guidelines)	1st visit	2nd visit	3rd visit
1. Client-centered HIV and syphilis counseling and testing services are available	Y N n/a	Y N n/a	Y N n/a
2. Site accessible by public and private transportation.	Y N n/a	Y N n/a	Y N n/a
3. Accessible to disabled/handicapped, according to the ADA.	Y N n/a	Y N n/a	Y N n/a
4. Average number of clients seen per session _____	Y N n/a	Y N n/a	Y N n/a
5. Information available regarding clinic hours and services.	Y N n/a	Y N n/a	Y N n/a
6. Entrance to clinic avoids stigmatizing patients.	Y N n/a	Y N n/a	Y N n/a
7. Rooms are set up in compliance with infection control standards.	Y N n/a	Y N n/a	Y N n/a
8. Counseling rooms are adequately stocked with appropriate supplies for counseling.	Y N n/a	Y N n/a	Y N n/a
9. Waiting areas and examination room are clean and ventilated.*	Y N n/a	Y N n/a	Y N n/a
10. System is in place to monitor and replenish supplies.*	Y N n/a	Y N n/a	Y N n/a
11. Examination rooms are adequately stocked with appropriate supplies for male and female exams.**	Y N n/a	Y N n/a	Y N n/a
12. Supplies and medication are properly stored.**	Y N n/a	Y N n/a	Y N n/a
Comments for Report:			

*Designates a CDC Standard; that is, "a consensus among experts in STD clinical services that the practice or technique is essential to an effective and efficient clinic operation. It is intended to be rigidly applied, and applied in virtually all cases. Exceptions will be rare and difficult to justify. The agreement level is set at a minimum of 95%."

**Applicable to expanded NTS projects

F. SERVICES (see CDC STD Clinical Practice Guidelines)	1st visit	2nd visit	3rd visit
1. All clients requesting HIV counseling and testing are offered syphilis counseling and testing and vice versa.	Y N n/a	Y N n/a	Y N n/a
2. Agency schedules post-test counseling sessions for all tested individuals at a nontraditional site.	Y N n/a	Y N n/a	Y N n/a
3. All clients testing positive for HIV/AIDS or syphilis are promptly referred to the Branch's Regional Office DIS and/or the local health department for post-test counseling and partner notification. Agencies also refer all newly identified positive clients for case management and medical care.	Y N n/a	Y N n/a	Y N n/a
4. All clients receive appropriate referrals for additional services. These services include, but are not limited to STD screening and treatment, TB testing and treatment, substance abuse counseling and treatment, and case management and early intervention care for clients who are HIV positive.	Y N n/a	Y N n/a	Y N n/a
5. Agency documents referral activities that include the number of persons referred and the number of clients who link with services.	Y N n/a	Y N n/a	Y N n/a
6. Agency staff has bilingual fluency to facilitate services to population segments with primary language other than English.	Y N n/a	Y N n/a	Y N n/a
7. Arrangement and follow-up plan is established for referral of patients for HIV early intervention services (e.g., case management, continuing medical evaluation, TB testing, support group counseling).*	Y N n/a	Y N n/a	Y N n/a
8. Mechanism in place for referral for relevant health services (i.e., referral information in writing for patient, referral forms used by provider).*	Y N n/a	Y N n/a	Y N n/a
9. Clinic has capability to evaluate and treat all locally prevalent STDs. At a minimum, the clinic provides diagnosis and treatment for reportable diseases (e.g., gonorrhea, syphilis, chlamydia, NGU).*/**	Y N n/a	Y N n/a	Y N n/a
10. Assessment, treatment, and prevention services are available under one roof.*/**	Y N n/a	Y N n/a	Y N n/a
11. Treatment is available on-site for reportable diseases, with prescriptions used for diagnosed diseases of lesser public health importance.**	Y N n/a	Y N n/a	Y N n/a
Comments for Report:			

*Designates a CDC Standard; that is, "a consensus among experts in STD clinical services that the practice or technique is essential to an effective and efficient clinic operation. It is intended to be rigidly applied, and applied in virtually all cases. Exceptions will be rare and difficult to justify. The agreement level is set at a minimum of 95%."

**Applicable to expanded NTS projects

G. CONFIDENTIALITY (see CDC STD Clinical Practice Guidelines)	1st visit	2nd visit	3rd visit
1. Waiting areas are constructed to allow confidential registration (e.g., acoustical barriers between registration and waiting areas).	Y N n/a	Y N n/a	Y N n/a
2. Registration information is collected confidentially.	Y N n/a	Y N n/a	Y N n/a
3. Only relevant information is collected from the patient and records.	Y N n/a	Y N n/a	Y N n/a
4. Staff does not assume race/ethnicity.	Y N n/a	Y N n/a	Y N n/a
5. When privacy is lacking, clinic should use self-registration so that sensitive information is not exchanged verbally.	Y N n/a	Y N n/a	Y N n/a
6. Children should not be used as interpreters.	Y N n/a	Y N n/a	Y N n/a
7. System in place to ensure security of records.	Y N n/a	Y N n/a	Y N n/a
8. Records locked up at the end of each day and are available only to authorized personnel (including State staff).	Y N n/a	Y N n/a	Y N n/a
9. In-service on confidentiality is provided to all staff upon beginning of employment and on an annual basis.	Y N n/a	Y N n/a	Y N n/a
10. Test results given by telephone should have a security procedure that requires identifiers not likely to be known by an acquaintance. HIV results should not be given by telephone.	Y N n/a	Y N n/a	Y N n/a
11. Counseling and testing rooms promote confidentiality and privacy.	Y N n/a	Y N n/a	Y N n/a
12. Examination rooms promote confidentiality and privacy.**	Y N n/a	Y N n/a	Y N n/a
Comments for Report:			

H. DISEASE INTERVENTION SPECIALIST (see CDC STD Clinical Practice Guidelines)	1st visit	2nd visit	3rd visit
1. Agency utilizes DIS services for referrals of clients with positive HIV and syphilis tests.	Y N n/a	Y N n/a	Y N n/a
2. Staff is aware of DIS role and has developed collaborative relationships with local DIS to include joint screening activities and identification of "hot spots".	Y N n/a	Y N n/a	Y N n/a
Comments for Report:			

**Applicable to expanded NTS projects

I. REPORTING (see CDC STD Clinical Practice Guidelines)	1st visit	2nd visit	3rd visit
1. Agency submits morbidity reports as required by North Carolina GS 130A-140 and 10A NCAC 41A .0101.*	Y N n/a	Y N n/a	Y N n/a
2. Morbidity reports are complete, legible, and checked for accuracy.*	Y N n/a	Y N n/a	Y N n/a
3. Adequate safeguards exist to avoid duplication of morbidity reports.	Y N n/a	Y N n/a	Y N n/a
Comments for Report:			

J. SITE MANAGEMENT (see CDC STD Clinical Practice Guidelines)	1st visit	2nd visit	3rd visit
1. Agency demonstrates collaboration and coordination with local authorities through a Memorandum of Agreement and provision of meeting minutes.	Y N n/a	Y N n/a	Y N n/a
2. Formal orientation is available for new staff in HIV/STD setting.*	Y N n/a	Y N n/a	Y N n/a
3. Staff is trained and practicing universal precautions.*	Y N n/a	Y N n/a	Y N n/a
4. Training needs of staff are assessed and addressed.*	Y N n/a	Y N n/a	Y N n/a
5. Physician is available for consultation with non-physician clinicians.*/**	Y N n/a	Y N n/a	Y N n/a
Comments for Report:			

*Designates a CDC Standard; that is, "a consensus among experts in STD clinical services that the practice or technique is essential to an effective and efficient clinic operation. It is intended to be rigidly applied, and applied in virtually all cases. Exceptions will be rare and difficult to justify. The agreement level is set at a minimum of 95%."

**Applicable to expanded NTS projects

K. DOCUMENTATION (see CDC STD Clinical Practice Guidelines)	1st visit	2nd visit	3rd visit
1. Agency accurately completes required records (lab records, HIV scannable forms, medical records). Branch staff is allowed to inspect such records.	Y N n/a	Y N n/a	Y N n/a
2. Agency maintains medical records of persons diagnosed with reportable Communicable diseases in a confidential manner and the contents should only be shared with providers of direct medical care or communicated as provided in NCGS 130A-143.	Y N n/a	Y N n/a	Y N n/a
3. Risk factors and risk reduction plans appropriately documented in client's record	Y N n/a	Y N n/a	Y N n/a
4. Demographic data entered into computer database	Y N n/a	Y N n/a	Y N n/a
5. Agency has mechanism for tracking referrals	Y N n/a	Y N n/a	Y N n/a
6. Agency has mechanism for documenting outreach activities and hours	Y N n/a	Y N n/a	Y N n/a
Comments for Report:			

L. CLINIC MANUALS (see CDC STD Clinical Practice Guidelines)	1st visit	2nd visit	3rd visit
Agency establishes and maintains policies and procedures to guide delivery of all services provided by the contract. Clinic manuals are current* (reviewed and updated annually) and are readily available in clinic setting. **Manuals contain the following:**			
1. Goals and objectives	Y N n/a	Y N n/a	Y N n/a
2. Job descriptions and performance standards for all staff*	Y N n/a	Y N n/a	Y N n/a
3. Standing orders for delivery of services	Y N n/a	Y N n/a	Y N n/a
4. Policies/procedures on universal precautions, including procedures for preventing and handling exposure of patients/staff to HIV/Hepatitis B (NCAC.0206)*	Y N n/a	Y N n/a	Y N n/a
5. Emergency protocols [ ] Protocols include "street" safety [ ] Staff are trained in CPR* [ ] Emergency equipment, supplies, and medications are updated frequently according to an established schedule to avoid depletion or expiration* [ ] Protocols include handling violent or abusive situations*	Y N n/a	Y N n/a	Y N n/a
6. Policies/procedures for counseling and testing	Y N n/a	Y N n/a	Y N n/a
7. Policies/procedures for patient confidentiality	Y N n/a	Y N n/a	Y N n/a
8. Policies/procedures regarding faxing of information	Y N n/a	Y N n/a	Y N n/a
9. Policies/procedures regarding information by telephone and cellular phone	Y N n/a	Y N n/a	Y N n/a
10. Policies/procedures regarding release of information	Y N n/a	Y N n/a	Y N n/a
11. Policies/procedures for utilizing DIS services	Y N n/a	Y N n/a	Y N n/a
12. Policies/procedures for patient referrals [ ] Includes list of referral agencies [ ] Includes referral form	Y N n/a	Y N n/a	Y N n/a
13. Policies/procedures regarding disease reporting is met	Y N n/a	Y N n/a	Y N n/a
14. Procedures for managing patient complaints	Y N n/a	Y N n/a	Y N n/a
15. Policies/procedures for community outreach activities	Y N n/a	Y N n/a	Y N n/a
16. Policies/procedures for quality improvement plan	Y N n/a	Y N n/a	Y N n/a
17. Protocols and standing orders include current recommended treatment for STDs.*/**	Y N n/a	Y N n/a	Y N n/a

18. Policies/procedures regarding the management of the patients of alleged or suspected abuse*	Y N n/a	Y N n/a	Y N n/a

*Designates a CDC Standard; that is, "a consensus among experts in STD clinical services that the practice or technique is essential to an effective and efficient clinic operation. It is intended to be rigidly applied, and applied in virtually all cases. Exceptions will be rare and difficult to justify. The agreement level is set at a minimum of 95%."

**Applicable to expanded NTS projects

M. QUALITY IMPROVEMENT (see CDC STD Clinical Practice Guidelines)	**1st visit**	**2nd visit**	**3rd visit**
1. Quality assurance committee meets regularly and follows a protocol to conduct quality assessments, analyze findings, and deliver recommendations.	Y N n/a	Y N n/a	Y N n/a
2. Medical records are audited regularly to determine the appropriateness of diagnosis and treatment and the completeness of documentation.*	Y N n/a	Y N n/a	Y N n/a
3. Evaluation plan includes process measures focusing on the implementation of the program	Y N n/a	Y N n/a	Y N n/a
4. Evaluation plan includes outcome measure focusing on the results of the program	Y N n/a	Y N n/a	Y N n/a
5. Evaluation plan has consistent data collection procedures	Y N n/a	Y N n/a	Y N n/a
6. Program activities are driven by evaluation findings	Y N n/a	Y N n/a	Y N n/a
7. Agency has computer capability to track client demographics and other pertinent information	Y N n/a	Y N n/a	Y N n/a
8. Client satisfaction surveys are used and data is evaluated	Y N n/a	Y N n/a	Y N n/a
9. Agency has a mechanism for receiving, evaluating, and managing the significant complaints of patients about clinical services.*	Y N n/a	Y N n/a	Y N n/a
10. Agency has a mechanism for supervising, observing and providing feedback to paid and volunteer staff.	Y N n/a	Y N n/a	Y N n/a
11. Problem solving is process-focused, including all staff involved in the process.	Y N n/a	Y N n/a	Y N n/a
12. Expenditures are in compliance with contract.	Y N n/a	Y N n/a	Y N n/a
Comments for Report:			

*Designates a CDC Standard; that is, "a consensus among experts in STD clinical services that the practice or technique is essential to an effective and efficient clinic operation. It is intended to be rigidly applied, and applied in virtually all cases. Exceptions will be rare and difficult to justify. The agreement level is set at a minimum of 95%."

**Applicable to expanded NTS projects

HIV/STD PREVENTION AND CARE

PART II

NTS HIV Counseling, Testing, and Referral Counselor Evaluation

HIV COUNSELING, TESTING, AND REFERRAL: COUNSELOR EVALUATION

This tool is designed to assist supervisors in evaluating skills recommended for client-centered counseling of individuals with HIV/STD risk issues. It is supportive of the HIV Prevention Counseling, Testing, and Referral curriculum, and should be used to coach staff to meet standards for effective counseling of clients.

1 = Little knowledge, poor attitude, lacks skill	Knowledge - Has basic information on HIV/STD transmission and testing Attitude – Is nonjudgmental during the encounter; is comfortable in discussing sexual issues Skill – Exhibits the behavioral elements of the given skill in the encounter with the client
2 = Appropriate knowledge and attitude, lacks skill	
3 = Appropriate knowledge, attitude, and skill	
4 = Consistently uses skill	

COUNSELING SKILLS	1	2	3	4	COMMENTS
1. Develops rapport *Establishes good eye contact, positive body language, good verbal engagement, listens*					
2. Uses open-ended questioning to facilitate dialogue with client *Uses what, who, how, when, polite imperatives, positive why, Nth degree*					
3. Assesses client knowledge of HIV and STDs *Utilizes open-ended questioning which allows client to share knowledge of HIV and STDs*					
4. Provides information simply *Tailors information to client need and level of understanding, clarifies misinformation, misperceptions, lack of knowledge voiced by client; avoids jargon and technical language*					
5. Offers options, not directives *Facilitates exploratory dialogue with client to identify realistic goals; avoids advice giving and telling client what to do*					
6. Summarizes and closes *Clarifies with client what information he/she is taking from the session and client's plan for reducing risk*					
7. Paraphrases *Reflects content of client statements to clarify meaning*					
8. Reflects feelings *States perceived feelings being exhibited by client*					

9. Facilitates client identification of specific risk behaviors. *Utilizes open-ended questions to engage client in a dialogue regarding what activities are putting him/her at risk*					
10. Facilitates client decision regarding getting tested for HIV. *Explores with client the advantages and disadvantages of knowing HIV status*					
11. Facilitates development of risk reduction plan. *Helps client develop realistic plan to reduce risk*					

TESTING AND REFERRAL SKILLS (may not be necessary in every session)	**1**	**2**	**3**	**4**	**n/a**	**COMMENTS**
12. Assures appropriate testing procedures. *Clarifies logistics including consent form, test results and follow-up process*						
13. Interprets test results appropriately. *Clarifies meaning in context of client risk history, retest based on specific risk history*						
14. Makes appropriate referrals. *Identifies with client other resources to address needs, actively facilitates linkage (referral form, appointment, telephone call, etc.) to agencies*						

OTHER SKILLS (may not be necessary in every session)	**Skill used appropriately?** **Y**	**N**	**n/a**	**COMMENTS**
15. Reframing *Puts positive spin on perceived negative scenarios or behaviors*				
16. Third-personing *Acknowledges and normalizes clients feelings and experiences*				
17. Confrontation *Focuses client on contradictions between behaviors and messages regarding risk issues – nonjudgmental approach*				

Comments:

Recommendation/Plan:

EVALUATOR:_____ **DATE:**_____

ATTACHMENT IV

COUNSELOR EVALUATION - COUNSELOR EVALUATION - COUNSELOR EVALUATION

SCORING

- For encounters when the client chooses **not** to be tested:
  Total the points for "counseling skills". Allow 1 point for each "yes" in the "other skills" category.
  A score of 33 points or better is indicative of desirable counseling skills. A score of less than 33 points indicates a need for retraining and performance coaching.

- For encounters when the client chooses to be tested (thereby requiring testing and referral skills):
  Total the points for "counseling skills" and "testing and referral skills". Allow 1 point for each "yes" in the "other skills" category.
  A score of 42 points or better is indicative of desirable counseling skills. A score of less than 42 points indicates a need for retraining and performance coaching.

HIV/HCV Harm Reduction Project .....CONTRACT YEAR 1--February 1, 2008-May 31, 2009

Contract Purpose: The purpose of the HIV/HCV Harm Reduction Project is to provide training and capacity building to health care providers who see patients at risk for HIV and HCV and to provide outreach to persons infected with or at risk of infection with HIV/HCV.

Process Objectives and Activities

	Harm Reduction Coalition	**Piedmont**	**Western NC AIDS**
Region	3, 5 Winston-Salem Fayetteville	4, 6, 7 Raleigh, Greenville, Wilmington	1, 2 Asheville Charlotte
HIV/HCV Provider Trainings **(RN, SW, case manager, SA counselors, etc)**	10 trainings to 500 providers/affected persons (20 faith) by 5-31-09	8 trainings to 120 providers (10 distinct provider agencies to attend) by 5-31-09	5 trainings to 400 providers by 5-31-09
Harm Reduction services reaching...	225 persons/contacts/ encounters by 5-31-09	320 persons/contacts/encounters 5-31-09	1,000 persons/contacts/encounters by 5-31-09
# HR kits	300	300	600
# referrals for case management	50 to be tested, 100% of those testing + for HIV and/or HCV will be referred	100% of those testing + for HIV and/or HCV will be referred	100 persons testing + for HIV and/or HCV will be referred
HIV/HCV Training curriculum	Developed by end of 1st quarter of funding cycle May 1, 2008	5-1-08	5-1-08
Outreach workers trained **(those who provide direct, face to face, 1:1 contact with clients)**	100% in Regions 3, 5 by 5-31-09 PLUS 3 series of Many Men, Many Voices to train 144 African American men in 6 consecutive sessions + 1 evaluation session	100% in Regions 4,6,7 by 5-31-09	100% in Region 1,2 by 5-31-09

MONITORING

Monthly...**CER** (Contract Expenditure Report) to state contract office

Mailing Address:
Amity Putney-Williams
Contracts Unit
1916 Mail Service Center
Raleigh, NC 27699-1916

Physical Address: (Fed-Ex)
Amity Putney-Williams
Contracts Unit
5605 Six Forks Road-Building 3
Room C-14
Raleigh, NC 27609
919-707-5116

Quarterly Reports ...Narrative reports with monthly activity calendars to project monitor

Mailing Address:
Susan Thompson, RN
Communicable Disease Branch
1902 Mail Service Center
Raleigh, NC 27699-1902

Physical Address:
Susan Thompson, RN
Communicable Disease Branch
225. N. McDowell Street
Raleigh, NC 27610

Annual Evaluations...to project monitor (see above)

Activities of recipients....

- Establish job descriptions; interview and hire staff
- Develop a system for accurate data collection
- Develop HCV training curriculum; provide training as stated per contract
- Develop evaluation tools to measure effectiveness of training
- Develop marketing strategies and enrollment for those targeted to attend trainings
- Develop harm reduction kits
- Identify and develop MOUs with referral sites for HIV/HCV case management
- Identify and develop MOUs with agencies employing outreach workers for HIV/HCV care and case manangement

FORMS/REPORTS for documentation

Trainings

- number of person trained
- types of person trained
- areas in which training took place
- results of any client satisfaction surveys
- list of participants and their employing agency (to the contract monitor within 30 days of the training)

Quality Improvement Plan

Who, what, when, and how evaluations will be conducted
Site productivity
Client satisfaction surveys
Staff development and training needs

Contract Expenditure Report

Submitted monthly
Reviewed during site visit

Quarterly Narrative Report and monthly activity calendars (quality of service outcomes)

ATTACHMENT VI
NTS QUARTERLY REPORT TEMPLATE
N.C. Department of Health and Human Services
HIV/STD Prevention and Care Branch
Field Development Unit

Name of Reporting Agency: Forsyth County Department of Public Health

Person Completing Form: Monica T. Brown

Telephone Number: 336-703-3181

FISCAL YEAR _____

Reporting Quarter
X January-March
☐ April-June
☐ July-September
☐ Annual Report

I. Personnel Additions/Changes

Name	Title	%Time
1. Kawanna Glenn	Health Educator I	100
2. Monica Melvin	Contract SEE	100
3. Maria Allen	AmeriCorps Volunteer	50
4. Chantha Scott	Health Educator I	100
5. Rick Hedenquist	Jail Screener	100

II. Collaborating Agencies

Agency Name	Contact Person / Telephone Number
1. InSight Human Services (contract)	Jeff Matkins/336-725-8389
2. WSTA	Tina Carson/336-748-3243
3. Friendship Vision	Sophia Feaster/336-725-1142
4. Community Care Clinic	David Henao/336-723-6722
5. YWCA Youth Intervention Services	Eric Glenn/336-724-9923
6. Forsyth County Detention Center	Corporal Jones/336-748-4200
7. Salvation Army	Stella Idahor/336-722-8721x134
8. Youth Detention	Sharon Singletary/336-661-6500
9. Service Corp	Reginald McCaskill/336-761-2033
10. Day Reporting Center	Portia Walker/748-3197x3

III. Total Number of Persons Reached Through Outreach / Education

	This Reporting Quarter	Year-To-Date
Jail	250	500
NTS	250	500
SEE	150	300
Total	**650**	**1300**

IV. Total Number of Persons Screened for Syphilis – HIV – GC – Chlamydia

	This Reporting Quarter				Year-To-Date			
	HIV	Syp	GC	Chl	HIV	Syp	GC	Chl
Jail	750	750	500	500	1500	1500	1000	1000
NTS	450	450	-	-	900	900	-	-
SEE	50	50	-	-	100	100	-	-
Total	**1250**	**1250**	**500**	**500**	**2500**	**2500**		

V. Narrative –
Your narrative report should include the following information:

1. 2008 Jail goals and objectives: report on year-to-date activities and progress in reaching goals and objectives.
2. 2008 NTS goals and objectives: report on year-to-date activities and progress in reaching goals and objectives.
3. 2008 SEE goals and objectives: report on year-to-date activities and progress in reaching goals and objectives.

Goal: To reduce the incidence of syphilis in high risk populations in Forsyth County by employing evidence-based education, outreach, and screening activities. (65)

Objectives:

1. ***By the end of December 2007, SEP jail program staff will screen 30 detainees per month for syphilis at the Forsyth County Detention Center.***

   - **Activity #1:**
     SEP jail program staff will collect jail-based morbidity and behavioral data on screened detainees. (50)

     ✓ Patricia is utilizing the State Lab Form which tracks morbidity and collects behavioral data on all detainees being screened for Syphilis.

   - **Activity#2**
     SEP jail program staff will screen detainees within 24-48 hours of arrest with an emphasis on the female population. (18)

     ✓ From October 1st – December 31st, Patricia screened a total of 177 detainees yielding 6 reactives. .

     ✓ There were two new cases of disease and both were treated at the Detention Center.

     ✓ Screening activities have decreased due to scheduling and jail security issues. Meeting scheduled for early January to discuss alternatives.

2. ***By the end of December 2007, SEP staff will monitor the epidemiologic data of syphilis incidence on a quarterly basis.***

   - **Activity #1**
     SEP staff will meet with Region 3 DIS quarterly to discuss current caseload. (3)

     ✓ Coordinator has been communicating with DIS Supervisor via email and phone conversations. Very few partners are being identified; positives seem to be in the late teens and early twenties very different from past trends. A true pattern is difficult to identify in the case reviews.

   - **Activity #2**
     SEP staff will provide syphilis case definitions and reporting requirements to public and private providers in high risk zip codes in Forsyth County. (6)

     ✓ Currently working on the readability of the case definition to be sent to providers.

3. ***By the end of December 2007, SEP staff will initiate partnerships with local healthcare providers with reported syphilis cases.***

   - **Activity #1**
     SEP staff will partner with local drug treatment and behavioral health agencies to establish clear pathways for referrals. (43)

✓ Progress has been slow but we will continue to move forward.

- **Activity #2**
  SEP staff will facilitate the mobilization of local healthcare providers to raise awareness, encourage reporting, and improve effectiveness of clinical management. (38)

  ✓ Unable to complete.

4. ***SEP staff, in conjunction with the AmeriCorps volunteer, will conduct weekly outreach in Latino Communities in Forsyth County from February to September 2007.***

   - **Activity #1**
     SEP staff and AmeriCorps volunteer will recruit and train outreach team volunteers. (28)

     ✓ Completed.

   - **Activity #2**
     SEP staff will use morbidity maps and GIS population density maps to establish outreach locations. (30)

     ✓ Outreach has taken place at the Ledges Apartment Complex. The National Latino AIDS Awareness Day event fell through due to intra-agency logistical issues; however, planning another event for the Spring.

   - **Activity #3**
     SEP staff will create a Latino specific community assessment tool. (34)

     ✓ Completed.

5. ***SEP staff will identify MSM community partners to provide quarterly education and testing by the end of June 2007.***

   - **Activity #1**
     SEP staff will establish meaningful community relationships with the MSM community, starting with the GLBT society at Wake Forest University. (28)

     ✓ Monica Melvin has made contact and working on future efforts.

   - **Activity #2**
     Schedule quarterly educational and testing events. (40, 41)

6. ***SEP staff will continue to provide HIV/STD education, outreach and testing on a weekly basis in high morbidity areas.***

   - **Activity #1**
     SEP staff will implement pre/post test surveys twice a month from April to December 2007.

     ✓ Pre and post test surveys were implemented for two classes but there are some barriers that are causing us to re-evaluate.
     - There is not a database available to enter the data for report generation.
     - Some of the questions are confusing to consumers.
     - Everyone completing the pre test does not complete a post test.
     - Working to design another tool.

   - **Activity #2**
     SEP will conduct community testing twice a month from April through December.

     ✓ Community testing took place at the Ledges Apartment Complex, BET Wrap It Up! Campaign at WSSU, and during a prostitution sting with the Winston Salem Police Department.

   - **Activity #3**
     SEP staff will conduct community street outreach twice a month from April – December 2007.

- ✓ Street outreach took place three times from October to December. Locations: Winston Salem Transit Authority, the Waughtown Street area, and Ledges Apartments.

4. A copy of your current budget reflecting revisions.
5. Attachments of examples of innovative projects, awareness campaigns, media recognition, awards, etc.

VI. Budget Revisions –
A copy of your current Jail, NTS, and/or SEE budgets reflecting the most recent revisions.

Note: Email this report to Rick Hedenquist (rick.hedenquist@ncmail.net), Marti Nicolaysen (marti.eisenberg@ncmail.net), and Jan Scott (jan.scott@ncmail.net). Any attachments (examples of media, awards, and awareness campaigns) can be mailed via U.S. mail (1200 Front Street, Suite 104, Raleigh, NC 27609).

ATTACHMENT VII
NTS QUARTERLY REPORT CHART TEMPLATE

Agency Name

Quarter

Program	Site Name	Clients	HIV								Syphilis			GC		Chlamydia	
		Educated*	Serology Tests	Confirmed Positives	Newly Identified Cases	Rapid Tests	Confirmed Positives	Newly Identified Cases	Counseled & Referred to Care	Accessed 1st Care Appt.	Tests	Positives	Newly Identified Cases	Tests	Positives	Tests	Positives
Jail																	
	subtotal	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
NTS																	
	7	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
SEE																	
	subtotal	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
	Grand Total	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0

* Educated outside of counseling and testing, eg, classroom sessions

2007 – 2008 CBO Quarterly Narrative Report Template for HE/RR Projects
North Carolina HIV/STD Prevention and Community Planning Unit

CBO/ Agency Name: _____

Intervention/s _____ **Target Group/s**: _____

Report Period:

- **July 1 – September 30**
- **October 1 – December 31**
- **January 1 – March 31**
- **April 1 – June 30**

Name of Person Completing Report: _____

Title of Person Completing Report: _____

Date Report Completed/ Submitted: _____

1. **Goal/s and Objective/s / Target Population / EBI**

   CBO responses should clearly and concisely define the target population and the name of the EBI (evidence based intervention) that is being implemented. CBO responses should be inclusive of the planned numbers of clients to be served and the actual numbers attained for the reporting period. Statistical data (numbers) entered in the narrative report should coincide/complement/match the numbers in the narrative report. CBOs should explain if any discrepancies will influence the need to either revise or modify the proposed number of client contacts.

2. **Barriers/ Obstacles**

   CBO narrative reports should reflect any either internal or external barriers encountered during the reporting period that impeded their successful achievement of the goal/s, objective/s, and activities as proposed and planned. Examples of barriers may include: inclement weather (outreach activities), computer challenges, staff turnover, vacancies, computer challenges, funding not received in a timely fashion, staff illnesses, including maternity leave, and any other unforeseen extenuating circumstance. Narrative reports should identify any data collection and/or reporting issues that might have influenced the actual numbers reflected in this quarter's narrative report. Explain any discrepancies between the actual numbers reflected in the narrative statistical report and the proposed planned numbers. CBO narrative reports should also include their plans for addressing and overcoming the barriers/obstacles that were identified.

3. **Collaborations**

CBO narrative reports should include specific details that reflect the collaborative efforts that each of the collaborating agencies/ organizations /individuals, etc. that they have a current MOA or MOU with. The MOAs/ MOUs should be with those that share the project's goal(s)/ objective(s) and are instrumental in helping the project achieve their goal(s)/ objective(s) as outlined in the contract. The specific name/s of other agencies, organizations, individuals, etc. that the CBO has secured MOAs/ MOUs with should be included in the narrative report.

4. **Contract Funding**

CBO narrative reports should include the status of the CBO's contract budget proposal. The narrative report will reflect the amount expended for each of the budget line item categories, i.e., **Salaries and Fringe**, **Operating Expenses**, **Equipment**, and **Contracted Services**. Additionally, CBO narrative reports should include the last date (day/month/year) that a CER was submitted, the reimbursement amount for the CER, and the name and title of the person/s that submitted the CER. CBOs are also required to report if they have received or solicited funding from any other source/s and include the funding source/s, funding amount/s, and funding period. Has the project either sought or attained additional funding to support the efforts of the goal(s)/ objective(s) proposed in the contract/ grant? If your project receives additional funding please provide the name of the funding source, the amount and the funding period.

5. **Trainings Received**

CBO narrative reports should reflect any trainings that they have received that are directly related to the mission, goal/s, and objective/s of their intervention plan and DPH contract. The report should include the name/s of the training/s, training date/s, training location/s, trainer/s, and denote whether or not a certificate was received. Hard copies of certificates should be sent to the respective project monitor to be filed in their Branch binder, as well as retain a copy in the CBO's internal files.

6. **Media**

CBO narrative reports should include any media attention that was received either unintentionally or solicited on behalf of the CBO's mission, goal/s, objective/s, and activities that the CBO conducted or that included the CBO's support. The project is required to provide details of the type of media coverage that happened during the report period, inclusive of the target population, focus area, coverage period, specific name of the venue, etc. *Media* is inclusive of newspaper articles either submitted or generated on behalf of the project, TV/radio PSAs, flyers, posters, billboards, etc.

7. **Technical Assistance**

CBO narrative reports should encompass any TA received and the nature of the TA, stipulating whether it the TA was CBO or Branch generated.

ATTACHMENT IX

N.C. Department of Health and Human Services
HIV/STD Prevention and Care Branch
Quarterly Report Format

Name of Reporting Agency: _____

Person Completing Form: _____

Telephone Number: _____

FISCAL YEAR _____

Reporting Quarter
- ❑ January-March (due April 15)
- ❑ April-June (due July 15)
- ❑ July-September (due October 15)
- ❑ Annual Report (due January 15)

I. Personnel Additions/Changes

Name	Title	%Time
1.		
2.		
3.		
4.		

II. Collaborating Agencies

Agency Name	Contact Person / Telephone Number
1.	
2.	
3.	
4.	
5.	

III. Provider Trainings

Date	Location/Site/Area	Number of Persons Trained	Type of Persons Trained

☐ ☐ Client satisfaction surveys/evaluations done ?
Y N

☐ ☐ List of participants available from each training ?
Y N

IV. Harm Reduction Services

A. Harm Reduction Kits

Date/Month	Number Kits Distributed	Area/Site/Location-City/Town	Type of Kit

B. Outreach/Education…Total Number of Persons Reached

Date/Month	Site/Location/Area-City/Town	Number Reached this Quarter	Number reached…year-to-date …cumulative

C. Testing/Referral….Total Number of Persons Screened for HIV and/or HCV

Date	Site/Location/Area	Total Number Tested This Quarter	HIV	HCV	Number Referred this Quarter	Number Served…Year-to-date

V. Narrative –
Your narrative report should include the following information:

1. 2008 process objectives and activities: Report on year-to-date activities and progress toward process objectives by addressing activities developed/implemented/completed during this quarter (Include monthly activity calendars).
2. A copy of your current budget reflecting revisions (if any).
3. Attachments of samples of innovative projects, awareness campaigns, media recognition, awards, collaborations with others, etc.

Note: Email this report to Susan Thompson (susan.thompson@ncmail.net. Any attachments (examples of media, awards, and awareness campaigns) can be mailed via U.S. mail to

ATTACHMENT X

Reaching Out, Inc.:

April 2008

EXAMPLE !

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
			1 *12:00 N – 2:00 P* *HIV/AIDS Task Force Meeting @ Cumb. Co. LHD Rm. 525*	2	3	4 *10:00 A – 10:30 A* *AA Health Spotlight* *Faithville Church* *Peace Community* *(HSC – HSC – GLI)*
5 *2:00 P – 4:30 P* *Planning Committee Meeting w/ ECHD Board of Directors Public Library – Conference Rm. 747*	6 *5:00 P – 7:00 P* *West Faithville Street Outreach* *1st – 5th Streets* *(IDU)*	7	8 *9:00 A – 11:00 A* *HCHD Staff Meeting*	9 *9:00 A – 1:00 P* *ECHD Staff "Focus On Kids" In-Service* *(LHD Health Educator)*	10	11
12 *Administrative Day!*	✓ 13	14 *9:00 A – 10:30 A* *HIV/AIDS 101 @ Boys & Girls Club in West Faithville* *(GLI – HSC –Adoles.)*	15 3rd Quarter 2004 Quarterly Report DUE!	16	17 *9:00 A – 3:00 P* *East Faithville Community Health Fair* *(HC/PI)*	18
19 *12 N – 2:00 P* *'Project Overview' @ Health Council Meeting* *(HC/PI – HSC)*	20 *5:00 P – 7:00 P* *East Faithville Street Outreach* *7th – 10th Streets* *(IDU)*	21 *9:00 A – 10:30 A* *HIV/AIDS 101 @ Boys & Girls Club in South Faithville* *(GLI – HSC – Adoles.)*	22 *9:00 A – 11:00 A* *CCHD Staff Meeting*	23	24 *10:00 P – 2:00 A* *Bar Outreach @ Seekers Lounge In Legacy Hotel.* *(IDU – MSM ; GLI)*	25
26 *Administrative Day!*	✓ 27 10:00 A – 3:00 P DHHS Monitor Site Visit Conference Room 132	28	29	30		

- ✓ Major Events for The Month:
- ✓ Please document activities, including dates, times & location, for any joint efforts that the CBO is scheduled to either present or attend.
- ✓ Please specify the target population ( ) & the type of intervention (s) (GLI, ILI, PI, etc.) used for each 'Project sponsored' activity.
- ✓ Please denote scheduled time when the Project is closed & denote any staff changes or concerns.

2004 – 2005 CBO Calendar Format Should Contain the Following:

- ✓ Recommended Abbreviations:
  - ✓ XXXX — CBO Abbreviation
  - ✓ LHD — Local Health Department
  - ✓ DSS — Department of Social Services
  - ✓ MH — Mental Health
  - ✓ SA — Substance Abuse
  - ✓ B & GC — Boys & Girls Club
  - ✓ CC — Community Center

- ✓ Symbols for the CDC's Evaluation Intervention Types:
  - ✓ GLI — Group Level Intervention
  - ✓ ILI — Individual Level Intervention
  - ✓ OT — Outreach
  - ✓ PCM — Prevention Case Management
  - ✓ PCRS — Partner Counseling & Referral Services
  - ✓ HC/PI — Health Communications / Public Information
  - ✓ Oth — Other

ATTACHMENT X

7 TYPES OF INTERVENTIONS

INTERVENTION	Level of Intensity	DEFINITION	EXCLUSIONS
Individual Level Intervention (ILI)	I	Health education and risk reduction counseling provided to one individual at a time. ILI assists clients in making plans for individual behavior changes and on-going appraisals of their own behavior and includes skills building activities.	Outreach and prevention case management. Each intervention constitutes its own category. Also excludes HIV counseling and testing which is reported in a separate category using he bubble sheet.
Group Level Intervention (GLI)	I	Health education and risk reduction counseling that shifts the delivery of service from the individual to a group of varying sizes. GLI uses peer and non-peer models involving a wide range of skills, information, education and support.	Any group education that lacks a skills building component (i.e., information only education such as 'one shot' presentation.) These types of interventions should be included in the HC/PI category.
Outreach	C	HIV/AIDS educational intervention conducted by peer or paraprofessional educators face-to-face with high-risk individuals in the neighborhoods or other areas where they generally congregate. Outreach generally includes distribution of condoms, bleach and sexual responsibility kits, and educational materials. Also includes peer opinion leader models.	Condom drop-offs, material distribution, and other outreach activities that lack face-to-face contact with a client.
Prevention Case Management (PCM)	I	Client-centered HIV prevention activity with the fundamental goal of promoting the adoption of HIV risk reduction behaviors by clients with multiple, complex problems & risk reduction needs. A hybrid of HIV risk reduction counseling and traditional case management that provides intensive on-going and individualized prevention counseling, support and service brokerage.	One-to-one counseling that lacks on-going and individualized prevention counseling, support, or service brokerage.

Partner Counseling and Referral Services (PCRS)	**C or I**	A systematic approach to notifying sex and needle-sharing partners of HIV infected persons of their possible exposure to HIV so they can avoid infection or, if already infected, can prevent transmission to others. PCRS helps partners gain earlier access to individualized counseling, HIV testing, medical evaluation, treatment and other prevention services.	HIV counseling and testing which is reported in a separate category using the standard bubble sheets.
Health Communication / Public Information (HC/PI)	**C**	The delivery of planned HIV/AIDS prevention messages through one or more channels to target audiences to build general support for safe behaviors, support personal risk reduction efforts, and/or inform persons at risk for infection how to obtain specific services. **Electronic Mail:** means by which information is electronically conveyed to large groups of people. Includes radio, TV, PSAs, news broadcasts, infomercials, etc., which reaches a large scale (i.e., city, region, or statewide) audience. **Print Media:** can also reach a large scale or nationwide audience. Includes any printed material such as newspapers, magazines, pamphlets, billboards and transportation signs. **Hotline:** telephone service offering up-to-date information and referral to local services, i.e., counseling and testing services and support groups. **Clearinghouse:** interactive electronic outreach system using telephone, mail, and the www. to provide a responsive information service to the general public as well as high-risk populations. **Presentations / Lectures:** information only activities conducted in group settings; often called 'one shot'	Group interventions with a skills-building component which constitutes a separate intervention category.

		education interventions.	
Other	**C or I**	Interventions that can not be described by the definition provided for the other six types of interventions. **Community Level Interventions (CLI)** focus on the community as a whole, attempt to alter social norms, policies or characteristics of the environment. Examples of CLI include community mobilizations, social marketing campaigns, community wide events, policy and structural interventions.	Any intervention that can be described by one of the existing categories. Interventions without scientific evidence and/or justification for application to the target population and setting.

Definitions

Intervention – A specific activity intended to bring about HIV risk reduction in a particular target population using a common strategy for delivering the prevention messages. An intervention has distinct process and outcome objectives and protocol outlining the steps for implementation.

Program – A distinction often used by an agency to describe an organized effort to design and implement one or more interventions to achieve a set of predetermined goals.

Intervention Plan – Sets forth the goals, expectations and implementation procedures for an intervention and is often a part of a proposal for funding. Intervention plans require that a core set of data is reported by the State Health Department to the CDC in the aggregate by the type of intervention and risk population. This includes the type of agency; number of clients to be reached; categorized by race/ethnicity/gender; evidence or theory basis for intervention; justification of intervention application to the target population and setting; and sufficiency of the service plan for implementing the intervention.

Process Monitoring – Routine documentation of data that describes the characteristics of risk populations served, the services provided and the resources used to deliver those services.

Outcome Monitoring – Assesses the extent to which an intervention achieved the expected outcomes.

Outcome Evaluation – Assesses intervention effectiveness in producing the desired cognitive, belief, skill and behavioral outcomes within a defined at-risk population.

Evaluation Plan – Describes how the Agency will implement the activities described in their Intervention Plan according to the CDC's Evaluation Guidance.

Contacts: Generally relatively brief in nature and occur in a group or setting.

Examples include:

- ✓ Brief conversations in the street, community or at health fairs; thus, counted as street and community outreach contacts
- ✓ One-time presentations to groups
- ✓ Hotline calls
- ✓ Condom or brochure distributions
- ✓ Presentations in correctional settings that are presented to a new group of inmates

Interactions: Staff interact with a client on an intensive and usually repeated basis. Staff have a conversation with the client in which the client may identify his or her risk behaviors for HIV and the staff and client can identify strategies for reducing the client's risk behaviors.

Examples include:

- ✓ Risk reduction counseling
- ✓ Prevention case management
- ✓ On-going groups that specifically address risk behaviors
- ✓ Repeated encounters in a street outreach setting
- ✓ Presentations in correctional settings can be counted if the same group of inmates participates in several sessions over a period of time
- ✓ Outreach worker has multiple encounters with the same individual, thereby developing a relationship that may lead to the client to change risk behaviors or seek other services

Skills Building Components: Participants must be able to demonstrate attainment of a skill taught through the intervention. To qualify as an interaction, an intervention must include a skills building component.

ATTACHMENT XI
NTS PROJECT TIMELINE

NTS/Jail/SEE Timeline					
Activity	**Contact/Action**	**Quarter (Jan-Mar)**	**Quarter (Apr-Jun)**	**Quarter (Jul-Sept)**	**Quarter (Oct-Dec)**
Site Visits	Project monitor, team leader or team members conduct site visits	Group Initial Site Visit (in June prior to initiation of contract)	Two site visits per year		
Quarterly and Annual Reports	E-mail to project monitor/mail copy to Local Health Department	April 15	July 15	Oct 15	Jan 15
HIV/STD Prevention Evaluation Web System (if applicable)	E-mail to project monitor/enter online data entry	April 15	July 15	Oct 15	Dec 15
Monthly Activity Calendar	Email to project monitor	1st of each month	1st of each month	1st of each month	1st of each month
Contract Expenditure Reports/Detailed Expenditure Reports (CBOs only)	Mail to contracts officer, Gayle Johnston, **Mailing Address**-Contracts Unit, 1916 MSC Raleigh, NC 27699-1916 **Physical Address**-Contracts Unit, 5605 Six Forks Road, Building 3, 2nd Floor, Room C-14, Raleigh, NC 27609	By the 15th of each month	By the 15th of each month	By the 15th of each month	By the 15th of each month
Budget Realignments for all projects	E-mail to project monitor	As needed			

ATTACHMENT XII

HIV/HCV Harm Reduction Project- Contract Year Timeline

ACTIVITY	Contract/Action	Quarter Jan-March	Quarter April-June	Quarter July-Sept	Quarter Oct-Dec
Site Visits	Project monitor, finance monitor conduct site visits	*	Two site visits per year		
Quarterly Reports and Annual Reports	Email/mail to project monitor	April 15	July 15	October 15	January 15
Monthly Activity Calendar	Email /Mail to project monitor	1st of each month	1st of each month	1st of each month	1st of each month
Contract Expenditure Report	Mail to Contracts Unit—Amity Putney-Williams	By the 10th of each month	By the 10th of each month	By the 10th of each month	By the 10th of each month
Budget Realignments for all projects	Email/mail to project monitor	PRN	PRN	PRN	PRN

* Will have initial group meeting on May 21, 2008 in High Point, NC

ATTACHMENT XIII
HERR PROJECT TIMELINE

CBO Quarterly Narrative Report Due Dates

July – September	October 15	1st Quarter
October – December	January 15	2nd Quarter
January – March	April 15	3rd Quarter
April – June	July 15	4th Quarter

- If an impending due date falls on a national holiday, the quarterly report will be due prior to the due date unless specified otherwise. All CBOs are expected to comply with these dates, unless an extension has been granted by the Project Monitor, the Unit Manager, and the Evaluation Consultant.
- CBO Calendars are due on or before the 1st day of the month. The extension date is before the 5th of the month.
- CBOs are expected and required to submit monthly CERs that are reflective of any expenses incurred for the month. Project Monitors should request source documentation during the site visits and/or at any time deemed appropriate when the CER is unclear or vague and consequently poses some reason for concern because of an appearance of inconsistencies that may raise a red flag. Most importantly, CERs should *mesh* with the approved contract budget proposal.
- Project monitors should match the quarterly report narratives and statistical data with the CERs to ensure that budgets are being appropriately expended.
- The Unit Manager will decide if a CBO budget realignment request will be honored after the 4th quarter.
- CBO staff changes that involve staff directly responsible for inputting data on the Luther Web Based Evaluation data collection system should be immediately communicated to the Evaluation Coordinator, preferably via an Email that includes the CBO staff member's name, the agency name, their Email address, and contact phone number.